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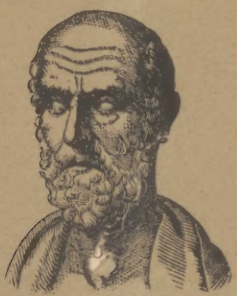

UNA FIDES, ALTARE COMMUNE.

ON THE PATHOLOGICAL CONDITIONS CAUSING STERILITY IN THE FEMALE FOUNDED ON CLINICAL OBSERVATION.

BY

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ON THE

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STERILITY IN THE FEMALE.

THE Academy at its last meeting having been favored with a dissertation on the theory of "Fecundation, Sterility, and Superfœtation," I have thought it an object not unworthy of the attention of this learned body to treat the question of sterility from a practical point of view.

The paper which I take the liberty to read before you this evening is based chiefly on pathological anatomy, and contains a truthful report of the pathological condition found in the aggregate number of sterile women who have come under my observation during the last ten years, and of which accurate records have been kept either in my books or those of the German Dispensary, to which I have been attached since its foundation, in the year 1858.

Many cases had to be omitted, either because an exact diagnosis was not arrived at, or because the notes taken down were deemed imperfect.

I am aware that this is not the first attempt of this kind made, Dr. Charles Mayer, of Berlin, having, in the year 1856, published a paper in which he enumerates the causes of sterility as found in 272 cases observed by him. Among these he found 2 without uterus, 60 with anteflexions, 37 retroflexions, 35 anteversions, 3 retroversions, 42 cases of vulvitis, and, among these, 14 with an entire hymen after several years of married life, 51 cases of chronic endometritis, 25 cases of oophoritis, 23 ovarian tumors, 12 uterine polypi, 6 fibroid tumors of the uterus, 1 elephantiasis of the external genitals; in 6 cases no pathological conditions could be found.

In the examination of sterile females we may sometimes find one pathological condition only, for instance, catarrh of the

uterine canal; but these cases are the exception and not the rule. Generally we meet with a combination of lesions, which renders it doubtful whether the sterile condition should be attributed more to the one or to the other, as, for instance, where we find adhesions, displacement, and catarrh combined. For a complete understanding of the cause of sterility in a given case, it is indispensable to take into account both the various anatomical lesions which are found to exist in the sexual organs, and the functional derangements connected therewith. This is especially necessary if we wish to calculate with anything like probability in regard to the success to be expected from treatment.

From an early period I have been in the habit, before examining a patient suffering from sterility, to commence by inquiring into the subjective symptoms presented by her, and for the relief of which she came to me seeking for medical advice. Some had nothing to complain of, and merely wished to know whether there was any material cause for their having no children, and whether such cause could be removed. Others seemed to ignore their sterile condition, and simply desired removal of certain functional derangements, chiefly of menstruation, nervous disorders, disturbed digestion, and painful sensations in various parts of the body.

The examination was then proceeded with, and its results carefully noted down under the following heads:

1. Anomalies of Suspension.—To these pertain the various forms of versions, descensus, and other displacements of the uterine body and cervix.

2. Anomalies of Uterine Tissue.—Here are considered hypertrophy and atrophy, contractions of the canal, and adventitious growths originating in the uterine tissue.

3. Uterine Catarrh in its Various Forms.

4. Lesions of Organs in Proximity to the Uterus, chiefly of the Peritoneum and the Appendages.

5. General Conditions and other Anomalies accidentally combined with Lesions of the Uterus.

The total number of cases observed was 408. Of these 201 occurred in private, 207 in clinical practice. The question here occurs, After what lapse of time is it allowable to place a female living in the married condition on the list of sterile women?

This, of course, is arbitrary with the observer; but as a conclusion must be arrived at, after mature reflection I was led to make a distinction between three classes:

1. Such as were married during a certain lapse of time and had never become pregnant. In these a period of two years was deemed sufficient.

2. Such as had been pregnant but had miscarried once or several times. For these, likewise, two years were allowed.

3. Such as had given birth to one or several children, and thereupon remained without further issue for a certain number of years, although remaining in the married condition. Here a minimum of five years was considered necessary to have elapsed.

The result of the computation is as follows:

Females two years married who were never pregnant	140
Such as had been pregnant, but had miscarried,	83
Such as had borne children, and then remained sterile for five years or more	185

In the latter class (numbering 185) sterility had existed:

From 5 to 10 years in	140
From 10 to 15 years in	33
From 15 to 20 years in	11
Over 20 years in	1

Of the whole number of 408, there are noted as sterile:

Under 5 years	147
Between 5 and 10 years	193
Between 10 and 15 years	50
Between 15 and 20 years	16
Over 20 years	2

Subjective Symptoms and Functional Derangements.

The motives which induced our patients to seek for medical advice are set down as follows:

Dysmenorrhœa	69
Menorrhagia and metrorrhagia	57
Scanty menses	41
Premature cessation of menses	4
Never menstruated	2

Retarded menses	8
Habitual miscarriage	3
Hysteria	16
Nervous headache	3
Vaginismus	2
Intercostal neuralgia	1

The number of those who asked for relief of the sterile condition is not noted. The same remark must be made of the many others who complained of painful sensations in the pelvic region, and other ailments standing in remote relation only to the sexual organs. I will now pass to the relation of the anatomical conditions found upon examination in the order above-mentioned:

1. *Anomalies of Position of the Uterus—*

Retroversion	20
Anteversion	18
Dextroversion	10
Sinistroversion	10
Descensus	8
Prolapsus	1
	67

2. *Anomalies of the Uterine Tissue—*

These are distributed as follows:

Anteflexion	83
Retroflexion	71
Hypertrophy of uterus	65
Atrophy of uterus	3
Atrophy of cervix	1
Infantile uterus	2
Small os	24
Stenosis of entire cervical canal	11
Stricture of internal orifice	35
Fibrous tumors in walls of uterus	10
Carcinoma	5
Polypus	6

3. *Catarrh—*

Of the whole number of 408, 342, consequently about seven-eighths of the whole number, were afflicted with uterine catarrh

of some form or other, the secretion varying between the serous, mucous, purulent, or a combination of both the latter.

In the majority the affection seemed to be limited to the cervical canal; in those, however, suffering from flexion of the organ, or stricture of the canal, the dilated cavity of the body was undoubtedly the seat of active hyper-secretion.

4. *Affections of Organs in Proximity to the Uterus—*

The peritoneum and the appendages were frequently found in a diseased condition. Thus, there were:

Cases of acute or subacute perimetritis and peritonitis	12
Firm adhesions resulting from previous attacks of peritonitis	83
Ovarian tumors	14
Peri-uterine tumors, with undefined seat	7
Gonorrhœa	2
Acute colpitis	1
Pelvic abscess	1

5. *General Conditions and Accidental Diseases—*

Among those belonging to this class, and worthy of remark, I will mention:

Secondary syphilis	8
Valvular disease and hypertrophy of heart	5
Tuberculosis	4

No anatomical lesions whatever were found in two cases.

It would be an interesting matter to know the exact proportion of patients in whom a cure of the sterile condition was effectuated by a treatment based upon the anatomical lesions found in every individual case. This, however, in clinical practice, is an impossibility, from the fact that the majority, with the exception perhaps of those suffering from hysteria, are transient visitors at our public institutions, who underrate the value of medical services which cost them no money. Many being wearied of the duration of treatment, or unwilling to comply with the manifold inconveniences connected with it, interrupt treatment a short time after it is commenced; the termination of others is never heard of.

Hence it is not astonishing that in the books of our dispensary no more than 3 cases are recorded as having been cured.

In private practice, although you meet with the same obstacles, the conditions are somewhat more favorable, as in general you have to deal with a more intelligent class of people, who are willing patiently to await the result of their perseverance, and expect to get the full value of the money which they pay for the services of the physician. Of the patients treated in private practice, who are 201 in number, 25 are put down as having afterwards given birth to full-grown children. About 100 of these were either subjected to no treatment, because they presented an unfavorable prognosis, or withdrew from treatment for some reason or other. About 25 are still under treatment at the present day. If we deduct these 125, it will be seen that treatment was successful in 25 out of 75, or about one-third of the cases treated.

I shall now enumerate the whole list of these 25 cases in a short review of the symptoms which they presented, and the treatment pursued in each individual case:

Patients Treated in Private Practice.

No. 1, Mrs. A., aged 24, married three years; never pregnant; suffered from vaginismus, hypertrophy, and retroflexion; became pregnant after about six months' treatment, consisting in dilation of the vagina and Scattergood's pessary, which she wore until pregnancy had advanced to four months. She has since given birth to four children in three years.

No. 2, Mrs. Br., aged 30, married ten years; had one child seven years before entering on treatment; suffered from dysmenorrhœa, hypertrophy, and catarrh; treatment was continued over a year, and consisted in intra-uterine injections, and application of topical remedies to the uterine cavity. She bore one child, which is still alive, and is now a widow.

No. 3, Mrs. Be., aged 31, married ten years; had one child previous to the commencement of treatment, no miscarriages; suffered from hemorrhages, dysmenorrhœa, and catarrh; treated by dilatation of uterine canal and intra-uterine injections. Was delivered of a healthy child about a year after the commencement of the treatment.

No. 4, Mrs. F., aged 30, married eight years; never pregnant; suffered from dysmenorrhœa, scanty menses, anteflexion, catarrh, and stricture of internal orifice; treatment was persevered in for a year and a half, and consisted in dilatation of cavity, and application of the nitrate of silver. Is now the mother of four children.

No. 5, Mrs. Ge., aged 24, married two years; had no children, but two miscarriages; suffered from hemorrhages and retroversion; treatment was continued for several months by replacement of uterus with the sound. Has had several children since.

No. 6, Mrs. Go., aged 25, married five years; no children, two miscarriages; suffered from habitual miscarriages, catarrh, and secondary syphilis. She was under treatment for nearly a year, when she became pregnant, carried to the full term, gave birth to a healthy living child, but died herself from hemorrhage after delivery.

No. 7, Mrs. Hu., aged 22, married four years; no children, one miscarriage; suffered from dysmenorrhœa, retroversion, and catarrh; treated by replacement of uterus with the sound, and intra-uterine injections. Treatment was discontinued after six months, and after a six months' pause she became pregnant, and is now the mother of several children.

No. 8, Mrs. He., aged 22, married two years; never pregnant; suffered from dysmenorrhœa, retroflexion, and catarrh; treatment was continued for a year, and consisted, first, in replacement of the uterus with the sound, and, afterwards, application of Hodge's pessary: no alteration of tissue being visible in the mucous membrane of the canal, and the secretion being of a gelatinous nature, without admixture of pus, it was considered symptomatic of the derangement in circulation, hence no special treatment for catarrh was resorted to. She was delivered two years after the commencement of treatment.

No. 9, Mrs. Me., aged 33, married seven years; one child six years previous to treatment; no miscarriages; suffered from retroflexion. Eighteen months after the commencement of treatment—which consisted in replacement of uterus with the sound, followed by application of Hodge's pessary—she became pregnant, carried to the full term, and bore a living child.

No. 10, Mrs. Mu., aged 30, married three years; never preg-

nant; suffered from catarrh; treated by intra-uterine injections, dilatation of uterine canal, and application of the nitrate of silver. Became pregnant after about six months' treatment, and has since been twice delivered of healthy living children.

No. 11, Mrs. My., aged 31, married seven years; never pregnant; suffered from scanty menses and catarrh; treated during several months by dilatation with large sounds, and application of nitrate of silver to the uterine mucous membrane. She then became pregnant, and has since been delivered of three living children.

No. 12, Mrs. P., aged 25, married four years; never pregnant; this was certainly the most remarkable case of cure which ever occurred under my observation: no alteration of tissue whatever could be discovered, beyond a stricture at the internal orifice; this was dilated in one session, shortly after the menstrual epoch; she was told to return immediately after the next menstruation to have the operation repeated. To her and my astonishment the flow did not return at the time when it was expected; she was pregnant, carried to full term, and has since been delivered of three healthy children.

No. 13, Mrs. R., aged 25, married three years; never pregnant; suffered from vaginismus; treatment consisted in manual dilatation of the vagina, and dilatation of uterine canal with large sounds. Shortly after she became pregnant, and carried to full term.

No. 14, Mrs. Sn., aged 39, married twelve years; four children; last five years previous to treatment suffered from menorrhagia, hypertrophy, and catarrh; treated by dilatation of uterine canal and intra-uterine injections. Her cervical catarrh was treated by applications of nitrate of silver, and treatment was successful after a duration of a few months. She is now under treatment for a fibrous tumor of the uterus.

No. 15, Mrs. Schu., aged 28, married three years; never pregnant; suffered from hypertrophy, catarrh, and small fibrous tumor, distinctly perceptible through the fundus of the vagina and the abdominal integuments; the uterine cavity was dilated with large sounds during about half a year, when she became pregnant, and has since given birth to two full-grown children.

No. 16, Mrs. Sche., aged 28, married eight years; never pregnant; suffered from hypertrophy of cervix and uterine catarrh;

treated by dilatation of canal, and application of nitrate of silver. Became pregnant after a year's treatment, and carried to full term.

No. 17, Mrs. Schl., aged 35, married fifteen years; had two children, the last eight years before treatment; suffered from hysteria, retroversion, and catarrh; treatment, replacement of uterus with a sound, no pessary and intra-uterine injections. She was delivered about a year after the commencement of treatment.

No. 18, Mrs. Sab., aged 23, married three years; no children, two miscarriages; suffered from perimetritis; treated by antiphlogistic treatment and opium. Became pregnant after a few months, and has since been twice delivered.

No. 19, Mrs. Sak., aged 30, married seven years; had one child six years before treatment, followed by eight miscarriages; suffered from anteflexion and catarrh; treatment consisted in dilation of uterine canal, and injections of compound tincture of iodine. After a lapse of about six months she became pregnant, and was delivered of twins at full term.

No. 20, Mrs. Schw., aged 35, married fifteen years; had two children, last thirteen and a half years previous to treatment; suffered from catarrh; treated by dilatation and intra-uterine injection, and is now pregnant eight months.

No. 21, Mrs. St., aged 29, married twelve years; never pregnant; suffered from retroflexion; treated by replacement, followed by application of Hodge's pessary; became pregnant after a short treatment, and was delivered of a healthy living child. The pessary was removed during the fifth month of pregnancy.

No. 22, Mrs. Schwa, aged 27, married five years; no children, two miscarriages; suffered from slight anteflexion and catarrh; treatment consisted in dilatation of uterine canal by large sounds and injections of diluted carbolic acid. After about a year's treatment she became pregnant, and is now expecting her delivery.

No. 23, Mrs. U., aged 35, married four years; no children, one miscarriage; suffered from catarrh and stricture of internal orifice; treated by dilatation with large sounds and intra-uterine injections of compound tincture of iodine. After about three months' treatment she became pregnant, and carried to full term.

No. 24, Mrs. We., aged 30, married six years; never pregnant; suffered from scanty menses, extreme retroflexion, catarrh, and stricture of internal orifice. When she came under treat-

ment she was in a wretched condition, her feebleness scarcely permitting her to walk, reduced in flesh, and exceedingly nervous. At the commencement the uterus was replaced by gradual endeavors with the sound, the catarrh was treated by injections of the comp. tinc. iod.; treatment was continued for five years; during the last year she wore a Scattergood's pessary, which was continued in use until the enlarged fundus began to distend the abdomen. She was happily delivered at full term, and has regained tolerable health.

No. 25, Mrs. Z., aged 25, married nine years; never pregnant; suffered from dysmenorrhœa, retroflexion, and catarrh; the uterus was replaced by the sound, the uterine canal dilated, and its mucous membrane treated by application of comp. tinc. of iod.; a Hodge's pessary was applied as soon as she was able to bear it, and she is now pregnant about seven months.

From the foregoing statement it appears that the most favorable prognosis for the treatment of the sterile condition is presented by those cases in which sterility is caused by flexion of the uterus, chiefly retroflexion, and catarrh of the uterine canal; not one case, where extensive adhesions were present, or lateral deviations existed, is marked down as cured; neither was I successful in any of those numerous cases where anteflexion was considerable, or the external orifice exceedingly small, which is probably owing to the circumstance that up to a very recent date I had abstained from incising the os, as is now the fashion. It seems to me that in the latter class of cases dilatation by means of the sound, which promises excellent results in cases of stricture of the internal orifice, is insufficient to produce that degree of visibility of the cervical canal which I consider as indispensable to the successful treatment of uterine catarrh.

The proportion of cases cured being only 33 per cent., the result of my endeavors has not been very favorable; still it is instructive in many ways, as it shows what can and what cannot be accomplished without the aid of the knife, and teaches us in what cases treatment should be abstained from.

Let us hope that with the aid of the new methods recently introduced into uterine surgery, and other means yet to be discovered, we may be enabled to reach the object in view with less loss of time and greater security.

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